



TERRI LYNN LAND
SECRETARY OF STATE

MICHIGAN
DEPARTMENT
OF STATE

LANSING, MICHIGAN 48918

January 20, 2004

FILE COPY

Mr. Stephen Kulenguski
Office of the Budget
General Service Administration
1800 F Street N.W.
Room 2140
Washington, DC 20405

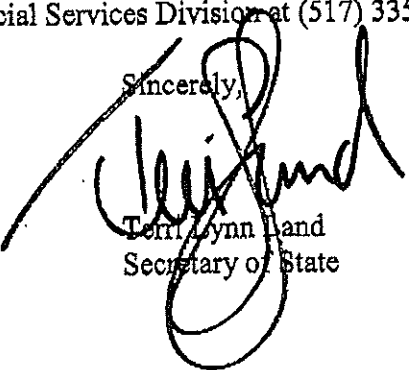
Dear Mr. Kulenguski:

The General Services Administration (GSA) requires each state to submit two Financial Status Reports reflecting actual Help America Vote Act expenditures by January 21, 2004. The State of Michigan has completed these forms to provide verification of actual purchases and expenditures for Title I (Sections 101 and 102 categories) for the period ending December 31, 2003.

The Financial Status Reports are enclosed in compliance with the "Reporting and Conformance" section of GSA's July 28, 2003 communication.

If you have any questions regarding these financial reports, please contact JoMarie Long, Department of State, Financial Services Division at (517) 335-2776.

Sincerely,


Terri Lynn Land
Secretary of State

Enclosures

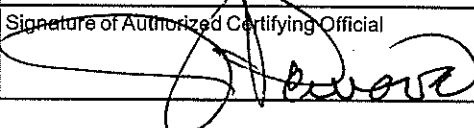
c: JoMarie Long

ORIGINAL

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted GSA - Budget		2. Federal Grant or Other Identifying Number Assigned By Federal Agency HAVA - CFDA 39.011		OMB Approval No. 0348-0039	Page 2 of 2 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Michigan, Department of State Treasury Building, Fourth Floor, 430 W. Allegan, Lansing, MI 48918					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 04-30-03		To: (Month, Day, Year) Until Spent		9. Period Covered by this Report From: (Month, Day, Year) 04-30-03 To: (Month, Day, Year) 12-31-03	
10. Transactions		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0	0	0	
b. Recipient share of outlays		0	0	0	
c. Federal share of outlays		0	0	0	
d. Total unliquidated obligations				0	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				0	
g. Total Federal share (Sum of lines c and f)				0	
h. Total Federal funds authorized for this funding period				6,531,284.00	
i. Unobligated balance of Federal funds (Line h minus line g)				6,531,284.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate To be Decided	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Section 102 Report.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joseph P. Pavona, Chief Financial Officer, Department of State			Telephone (Area code, number and extension) (517) 241-4500		
Signature of Authorized Certifying Official 			Date Report Submitted 01-20-04		